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<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Application Number		Filing Date <div style="font-size: 1.2em; font-family: cursive;">09338789</div>	
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED <div style="font-size: 1.2em; font-family: cursive;">3/11/05</div>		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Application Number <b>09338729</b>		Filing Date		
Applicant(s)											
* May be used for additional claims or amendments											
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
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Total Depend	48										
Total Claims	52										
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